

AN ACT

relating to health benefit plan coverage for bariatric surgery and for certain tests for the early detection of cardiovascular disease.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle E, Title 8, Insurance Code, is amended by adding Chapter 1376 to read as follows:

CHAPTER 1376. CERTAIN TESTS FOR EARLY DETECTION OF CARDIOVASCULAR DISEASE

Sec. 1376.001. APPLICABILITY OF CHAPTER. (a) This chapter applies only to a health benefit plan that:

(1) provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including:

(A) an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage that is offered by:

(i) an insurance company;

(ii) a group hospital service corporation operating under Chapter 842;

(iii) a fraternal benefit society operating under Chapter 885;

(iv) a Lloyd's plan operating under Chapter

1 941;

2 (v) a stipulated premium company operating  
3 under Chapter 884; or

4 (vi) a health maintenance organization  
5 operating under Chapter 843;

6 (B) a health benefit plan that is offered by a  
7 multiple employer welfare arrangement that holds a certificate of  
8 authority under Chapter 846;

9 (C) a small employer health benefit plan written  
10 under Chapter 1501; or

11 (D) a Medicare supplemental policy as defined by  
12 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);  
13 or

14 (2) is offered by an approved nonprofit health  
15 corporation operating under Chapter 844.

16 (b) Notwithstanding any provision in Chapter 1601 or any  
17 other law, this chapter applies to basic coverage under Chapter  
18 1601.

19 Sec. 1376.002. EXCEPTIONS. This chapter does not apply to:

20 (1) a plan that provides coverage:

21 (A) only for a specified disease or other limited  
22 benefit;

23 (B) only for accidental death or dismemberment;

24 (C) for wages or payments in lieu of wages for a  
25 period during which an employee is absent from work because of  
26 sickness or injury;

27 (D) as a supplement to a liability insurance

1 policy; or

2 (E) only for indemnity for hospital confinement;

3 (2) a standard health benefit plan issued under  
4 Chapter 1507;

5 (3) a workers' compensation insurance policy;

6 (4) medical payment insurance coverage provided under  
7 a motor vehicle insurance policy; or

8 (5) a long-term care policy, including a nursing home  
9 fixed indemnity policy, unless the commissioner determines that the  
10 policy provides benefit coverage so comprehensive that the policy  
11 is a health benefit plan as described by Section 1376.001.

12 Sec. 1376.003. MINIMUM COVERAGE REQUIRED. (a) A health  
13 benefit plan that provides coverage for screening medical  
14 procedures must provide the minimum coverage required by this  
15 section to each covered individual:

16 (1) who is:

17 (A) a male older than 45 years of age and younger  
18 than 76 years of age; or

19 (B) a female older than 55 years of age and  
20 younger than 76 years of age; and

21 (2) who:

22 (A) is diabetic; or

23 (B) has a risk of developing coronary heart  
24 disease, based on a score derived using the Framingham Heart Study  
25 coronary prediction algorithm, that is intermediate or higher.

26 (b) The minimum coverage required to be provided under this  
27 section is coverage of up to \$200 for one of the following

1 noninvasive screening tests for atherosclerosis and abnormal  
2 artery structure and function every five years, performed by a  
3 laboratory that is certified by a national organization recognized  
4 by the commissioner by rule for the purposes of this section:

5 (1) computed tomography (CT) scanning measuring  
6 coronary artery calcification; or

7 (2) ultrasonography measuring carotid intima-media  
8 thickness and plaque.

9 SECTION 2. Subchapter E, Chapter 1551, Insurance Code, is  
10 amended by adding Section 1551.225 to read as follows:

11 Sec. 1551.225. BARIATRIC SURGERY COVERAGE. (a) The board  
12 of trustees shall develop a cost-neutral or cost-positive plan for  
13 providing under the group benefits program bariatric surgery  
14 coverage for employees eligible to participate in the program under  
15 Section 1551.101.

16 (b) The board of trustees may adopt rules as necessary to  
17 implement this section.

18 SECTION 3. The board of trustees of the Employees  
19 Retirement System of Texas shall implement the plan required by  
20 Section 1551.225, Insurance Code, as added by this Act, as soon as  
21 practicable, but not later than September 1, 2010.

22 SECTION 4. The change in law made by this Act applies only  
23 to a health benefit plan delivered, issued for delivery, or renewed  
24 on or after January 1, 2010. A health benefit plan delivered,  
25 issued for delivery, or renewed before January 1, 2010, is governed  
26 by the law in effect immediately before the effective date of this  
27 Act, and that law is continued in effect for that purpose.

1 SECTION 5. This Act takes effect September 1, 2009.

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President of the Senate

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Speaker of the House

I certify that H.B. No. 1290 was passed by the House on April 21, 2009, by the following vote: Yeas 87, Nays 57, 1 present, not voting; and that the House concurred in Senate amendments to H.B. No. 1290 on May 29, 2009, by the following vote: Yeas 99, Nays 43, 1 present, not voting.

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Chief Clerk of the House

I certify that H.B. No. 1290 was passed by the Senate, with amendments, on May 23, 2009, by the following vote: Yeas 31, Nays 0.

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Secretary of the Senate

APPROVED: \_\_\_\_\_

Date

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Governor